

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number 10/536,885
Filing Date May 31, 2005
First Named Inventor Ebrahim Firoozabady
Art Unit 6613
Attorney Docket Number 63-000600US

Total Number of Pages in This Submission

14

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Cited References <input type="checkbox"/> Copy of PCT Search Report <input type="checkbox"/> Copy of EP Search Report <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Copy of Filing Receipt – marked-up <input type="checkbox"/> Replacement/Supplemental Application Data Entry Form <input type="checkbox"/> Issue Fee Transmittal <input checked="" type="checkbox"/> Declaration of Dr. Ebrahim Firoozabady | <input type="checkbox"/> Executed Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Certificate of Assignee <input type="checkbox"/> Copy of Executed Assignment (Not for Recordation) <input type="checkbox"/> Sequence Listing Statement <input type="checkbox"/> Sequence Listing Paper Form <input type="checkbox"/> Drawings <input type="checkbox"/> Letter to Official Draftsperson <input type="checkbox"/> Replacement Specification – Marked-Up <input type="checkbox"/> Replacement Specification – Clean Copy |
| <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> Amendment and Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) | Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed. | |
| <input checked="" type="checkbox"/> Extension of Time Request | Remarks | |
| <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard | | |
| <input type="checkbox"/> Information Disclosure Statement | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Copy of Notice to File Missing Parts | | |
| <input type="checkbox"/> Interview Summary | | |
| <input type="checkbox"/> Preliminary Amendment | | |
| <input type="checkbox"/> Request for Continued Examination (RCE) | | |
| <input type="checkbox"/> Change Entity Status | | |

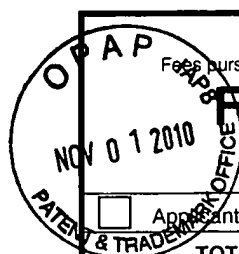
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | Quine Intellectual Property Law Group P.C. | | |
| Printed name | Brian E. Davy | Reg. No. | 61,197 |
| Signature | | | |
| Date | October 29, 2010 | | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|------------------|------|------------------|
| Typed or printed name | Deborah Barragan | | |
| Signature | | Date | October 29, 2010 |



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FREE TRANSMITTAL

For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 130.00

Complete if Known

| | |
|------------------------|---------------------|
| Application Number | 10/536,885 |
| Filing Date | May 31, 2005 |
| First Named Inventor | Ebrahim Firoozabady |
| Examiner Name | Russell Kallis |
| Art Unit | 6613 |
| Attorney Docket Number | 63-000600US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify) Deposit Account

☒ Deposit Account Deposit Account Number: 50-0893 Deposit account name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
| -20 or HP = | X | = | |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| -3 or HP = | X | = | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100 | / 50 = | (round up to a whole number) X | = | |

4. OTHER FEE(S)

| Other: | Fee Paid (\$) |
|---|---------------|
| Petition for Extension of Time for 1 Month. | 130.00 |
| Other: | |
| Other: | |
| Other: | |
| Other: | |

SUBMITTED BY

| | | | | | |
|-------------------|---------------|-----------------------------------|------------------|-----------|--|
| Signature | | Registration No. (Attorney/Agent) | 61,197 | Telephone | |
| Name (Print/Type) | Brian E. Davy | Date | October 29, 2010 | | |